



Supplemental Application Data Sheet

Application Information

Application number:: 10/695265
Filing Date:: 10/27/03
Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: 1634
CD-ROM or CD-R?:: None
Sequence submission?:: None
Computer Readable Form (CRF)?:: No
Title:: METHODS FOR DRUG DISCOVERY,
DISEASE TREATMENT, AND DIAGNOSIS
USING METABOLOMICS
Attorney Docket Number:: MBZ-001CP
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 6
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Rima
Family Name:: KADDURAH-DAOUK
City of Residence:: Belmont
State or Province of Residence:: MA
Country of Residence:: US

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/421226	10/25/02
This Application	Continuation-in-part of	09/835119	04/13/01
09/835119	An application claiming the benefit under 35 USC 119(e)	60/239541	10/10/00
09/835119	An application claiming the benefit under 35 USC 119(e)	60/239340	10/11/00
09/835119	An application claiming the benefit under 35 USC 119(e)	60/197117	04/14/00
09/835119	An application claiming the benefit under 35 USC 119(e)	60/197085	04/14/00

Assignee Information

Assignee name:: METABOLON, INC.
Street of mailing address:: P.O. Box 110407
City of mailing address:: Research Triangle Park
State or Province of mailing address:: NC
Postal or Zip Code of mailing address:: 27709

Street of mailing address:: 4 Ross Road
City of mailing address:: Belmont
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02478
Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bruce
Family Name:: KRISTAL
City of Residence:: White Plains
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 801 Mamaroneck Ave., Apt. 103
City of mailing address:: White Plains
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10605

Correspondence Information

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959